



**STATE OF INDIANA**  
**ADDENDUM 9**

**Request for Service 10-40**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**On Behalf Of**

**INDIANA FAMILY AND SOCIAL SERVICES  
ADMINISTRATION/OFFICE OF MEDICAID POLICY AND  
PLANNING**

**Solicitation For:**

**Risk-Based Managed Care Services to Medicaid  
Beneficiaries (Hoosier Healthwise/HIP)**

**Response Due Date: Thursday, April 1, 2010**

Stephanie Taylor  
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Indiana Government Center South  
402 W. Washington St., Room W461  
Indianapolis, IN 46204

**RFS-10-40**  
**March 19, 2010**

**Respondents to RFS 10-40 must provide an actuarial certification for submitted capitation rates. Sample language is provided below.**

**Sample Actuarial Certification**

I, name of actuary, certify that the submitted capitation rates were developed in accordance with generally accepted actuarial principles and practices. The submitted capitation rates are appropriate for the populations to be covered and the services to be provided under the contract by Managed Care Organization.

I am a Member of the American Academy of Actuaries and meet the qualification standards established for rendering this certification and follow the practice standards established by the Actuarial Standards Board.

\_\_\_\_\_  
Signature of Actuary

\_\_\_\_\_  
Date